

PLAINTIFF <b>ANDY ORTIZ</b>		COURT CASE NUMBER <b>21-CV-3104</b>	
DEFENDANT <b>Sergeant : R. White</b>		TYPE OF PROCESS <b>Civil Suit</b>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Sergeant: R. White Philadelphia-Industrial-Correctional-Center</b>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>8301 State Rd, Philadelphia, PA. 19136</b>			
SERVE AT <b>Andy Ortiz # QN-9897</b> <b>Sci-Somerset</b> <b>1590 Walters Mill Rd</b> <b>Somerset, PA. 15510-0001</b>		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Andy Ortiz # QN-9897</b> <b>Sci-Somerset</b> <b>1590 Walters Mill Rd</b> <b>Somerset, PA. 15510-0001</b>			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney other Originator requesting service on behalf of: <b>Andy Ortiz</b>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>NA</b>
			DATE <b>-23</b>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>66</b>	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>
Signature of Authorized USM Deputy or Clerk <b>[Signature]</b>		Date <b>8/7/23</b>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Per City of Phila. Law Dept Tort/Lit. unit  
There is nobody with the title + name  
SGT. R. White on list of City employees  
There is only a Lieutenant White

United States Marshals Service  
RECEIVED

AUG 07 2023

Eastern District of Pennsylvania

PLAINTIFF <b>ANDY ORTIZ</b>		COURT CASE NUMBER <b>21-CV-3104</b>	
DEFENDANT <b>Correctional Officer: Tita</b>		TYPE OF PROCESS <b><del>21-CV-3104</del> Civil Suit</b>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT { Correctional Officer: Tita Philadelphia-Industrial-Correctional-Center</b>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>8301 State Rd, Philadelphia, Pa. 19136</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Andy Ortiz # QN-9897 SCI-Somerset 1590 Walters Mill Rd Somerset, PA. 15610-0001</b>		Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <b>Philadelphia - Industrial - Correctional center - K-unit 8301 State Rd, Philadelphia, PA. 19136</b>			
Signature of Attorney other Originator requesting service on behalf of: <b>[Signature]</b>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>NA</b>
		DATE <b>-23</b>	
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>66</b>	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>
Signature of Authorized USM Deputy or Clerk <b>[Signature]</b>		Date <b>8/7/23</b>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input checked="" type="checkbox"/> hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date <b>8/8/23</b>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)		

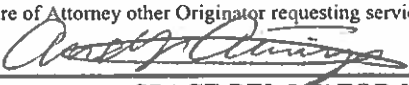
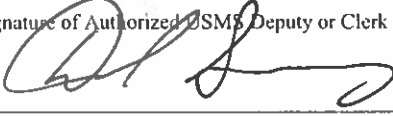
REMARKS

Per City of Phila Low Dept. Tort/Lit. Unit  
The name Tita does not appear on List of individuals working for the City.  
This would indicate They possibly no longer work for the City and if no longer employed, service is not accepted on Their behalf

United States Marshals Service  
RECEIVED

AUG 07 2023

Eastern District of Pennsylvania

PLAINTIFF <b>ANDY ORTIZ</b>		COURT CASE NUMBER <b>21-CV-3104</b>	
DEFENDANT <b>Correctional Officer: Patel</b>		TYPE OF PROCESS <b><del>EV 3104</del> Civil Suit</b>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Correctional Officer: Patel Philadelphia-Industrial-Correctional-Center</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>8301 State Rd, Philadelphia, PA. 19136</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Andy Ortiz # QN-9897 SCI-Somerset 1590 Walters Mill Rd Somerset, PA. 15510-0001</b>		Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>N/A</b>
		DATE <b>-23</b>	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process  	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>
Signature of Authorized USM Deputy or Clerk 		Date <b>8/7/23</b>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date <b>8/8/23</b>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Per City of Phila. Law Dept. Tort/Lit. Unit  
The name Patel does not appear on list of individuals working for the City of Phila.  
This would indicate they possibly no longer work for the City and if no longer employed, service is not accepted on their behalf

United States Marshals Service  
RECEIVED

AUG 07 2023

Eastern District of Pennsylvania

PLAINTIFF <u>ANDY ORTIZ</u>		COURT CASE NUMBER <u>21-CV-3104</u>
DEFENDANT <u>Lieutenant: Horsey</u>		TYPE OF PROCESS <u>Civil Suit</u>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Lieutenant: Horsey Philadelphia - Industrial - Correctional - Center</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>8301 State Rd, Philadelphia, PA 19136</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>ANDY ORTIZ # QN-9897</u> <u>SCI - Somerset</u> <u>1590 Walters Mill Rd</u> <u>Somerset, PA 15510-0001</u>		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE <u>-23</u>
---	---	--------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>66</u>	District to Serve No. <u>66</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>8/7/27</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <u>8/8/23</u>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	


REMARKS

Per City of Phila. Law Dept. Tort/Lit. Unit  
The name Horsey does not appear on List  
of individuals working for City of Phila.  
This would indicate They possibly no longer  
work for the city and it no longer employed  
Service is not accepted on their behalf.

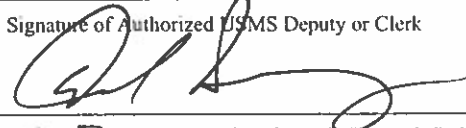
Costs shown on attached USMS Cost Sheet >>

United States Marshals Service  
RECEIVED  
AUG 07 2023  
Eastern District of Pennsylvania

PLAINTIFF <b>ANDY ORTIZ</b>		COURT CASE NUMBER <b>21-CV-3104</b>
DEFENDANT <b>Deputy warden: C. Martin</b>		TYPE OF PROCESS <b>Civil Suit</b>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT Deputy warden: C. Martin Philadelphia-Industrial-Correctional-Center</b>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>8301 State Rd, Philadelphia, PA. 19136</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Ardy Ortiz # QN-9897 SCI-Somerset 1590 Walters Mill Rd Somerset, PA. 15510-0001</b>		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>N/A</b>	DATE <b>- 23</b>
--	---	--------------------------------	---------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>	Signature of Authorized USMS Deputy or Clerk 	Date <b>8/7/23</b>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <b>8/8/23</b>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

Per City of Phila. Law Dept. Tort/Lit. Unit

The name ~~C. Martin~~ <sup>(DI)</sup> does not appear on list of individuals working for City of Phila. This would indicate they possibly no longer work for the city and if no longer employed service is not accepted on their behalf.

United States Marshals Service  
RECEIVED

AUG 07 2023

Eastern District of Pennsylvania

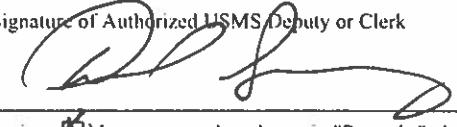
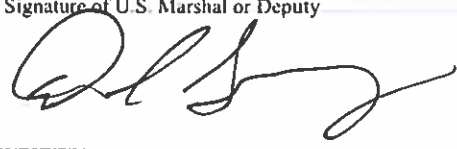


PLAINTIFF <b>ANDY ORTIZ</b>		COURT CASE NUMBER <b>21-CV-3104</b>
DEFENDANT <b>Correctional Officer: Amazon</b>		TYPE OF PROCESS <b>Civil Suit</b>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Correctional Officer: Amazon Philadelphia - Industrial - Correctional - Center</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>8301 State Rd, Philadelphia, PA 19136</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Andy Ortiz #QN-9897 SCI - Somerset 1590 Walters Mill Rd Somerset, PA 15510-0001</b>		Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  
**Correctional Officer: Amazon  
Philadelphia - Industrial - Correctional - Center F1 - unit  
8301 State Rd, Philadelphia, PA 19136**

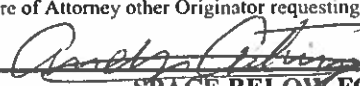
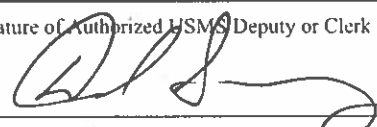
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>N/A</b>	DATE <b>-23</b>
---	---	--------------------------------	--------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process  	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>	Signature of Authorized USMS Deputy or Clerk 	Date <b>8/7/23</b>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <b>8/8/23</b>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy 	

REMARKS  
**Per City of Phila. Law Dept. Tort/Lit. unit  
The name Amazon does not appear on list of individuals working for City of Phila.  
This indicates they possibly no longer work for the city, and if no longer employed, service is not accepted on their behalf**

United States Marshals Service  
RECEIVED  
AUG 07 2023  
Eastern District of Pennsylvania

PLAINTIFF <b>ANDY ORTIZ</b>		COURT CASE NUMBER <b>21-CV-3104</b>	
DEFENDANT <b>correctional officer : Bennett</b>		TYPE OF PROCESS <b>Civil Suit</b>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>correctional officer: Bennett Philadelphia-Industrial-Correctional-center</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>8301 State Rd, Philadelphia, PA 19136</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Andy Ortiz # QN-9897 SCI-Somerset 1590 Winters Mill Rd Somerset, PA 15510-0001</b>		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <b>Philadelphia - Industrial - Correctional center J-unit 8301 State Rd, Philadelphia, PA 19136</b>			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>N/A</b> DATE <b>-23</b>
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>
Signature of Authorized USMS Deputy or Clerk 		Date <b>8/7/23</b>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
			Advance Deposits
		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

More info needed to make service  
Multiple employees with same last name

United States Marshals Service  
RECEIVED

AUG 07 2023

Eastern District of Pennsylvania